



TEAMSTERS LOCAL UNION 786 BUILDING MATERIALS

WELFARE AND PENSION FUNDS

300 SOUTH ASHLAND AVENUE • Suite 501 • Telephone 312.666.1875 • Fax 312.666.2258
CHICAGO, ILLINOIS 60607

October 29, 2014

N C P CARTAGE
11825 FRANKLIN AVE.
FRANKLIN PARK, IL 60131

Certified Mail

Re: Employer No. 00158-10158

Dear Employer:

I am enclosing a Statement of Business Affairs that we are asking you to complete and return to me within 30 days. This is required under Section 4219(a) of the Employee Retirement Income Security Act.

If you have any questions, please let me know. The Trustees and I appreciate your cooperation.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jeffrey W. Hoff".

Jeffrey W. Hoff
Administrator

Enclosure



**PENSION PLAN OF LOCAL UNION 786 BUILDING MATERIAL PENSION FUND
STATEMENT OF BUSINESS AFFAIRS
REPORTING BUSINESS FORM**

RE: INVESTIGATION OF POTENTIAL, COMPLETE OR PARTIAL WITHDRAWAL

EMPLOYER NAME: N C P CARTAGE

**COMPLETION OF THIS STATEMENT OF BUSINESS AFFAIRS
IS REQUIRED BY LAW**

Section 4219(a) of ERISA {29 USC § 1399(a)} provides that an employer SHALL FURNISH the information requested in this statement. Failure to furnish this information within 30 days will subject the employer to penalties authorized by federal law.

*** **

INSTRUCTIONS

The EMPLOYER is the entity to whom the letter which accompanied this Statement of Business Affairs is addressed and the entity which reports/reported employee work history to the Fund.

If the Employer is a partnership or corporation, the questions shall be deemed to be addressed to, and shall be answered on behalf of, the partnership or corporation.

Each question should be answered by a responsible individual (e.g.; partner, principal, trustee, officer, etc.) of the Employer who is authorized to answer such question. These questions shall be deemed continuing so as to require supplemental responses when and if you obtain further information subsequent to the return of this Statement of Business Affairs.

The failure to answer any question must be explained. If the correct answer is "Not Applicable" or "None," so indicate in the appropriate space.

Your answer to each question should be correct and complete. Attach copies of documentary evidence in support of your responses. After due diligence in securing correct and complete answers, this Statement of Business Affairs shall be verified by the responsible individual who is authorized to answer such questions.

Return the completed Statement of Business Affairs with supporting documentary evidence to the Fund at the following address:

**PENSION PLAN OF LOCAL UNION 786 BUILDING MATERIAL PENSION FUND
c/o Jeffrey W. Hoff, Plan Administrator
300 South Ashland, Suite 500
Chicago, IL 60607**

Attach continuation sheets as needed to complete your responses. Please identify each continuation sheet as follows:

Attachment to Statement of Business Affairs
(identify Employer)
(identify question(s) being answered)
(identify date of completion)

A. IDENTIFICATION OF EMPLOYER.

1. What is the Employer's full name and address?

Name: _____

Address: _____

2. List any assumed names used by the Employer.

3. List the Employer's IRS Employer Identification Number.

4. What type of business is the Employer?

☐ Sole Proprietorship

☐ Partnership

☐ Limited Partnership

☐ Business Trust

☐ Governmental Unit

☐ Association

☐ Corporation

☐ "S" Corporation

☐ Limited Liability Company (LLC)

☐ Other - Please explain: _____

5. If the Employer is a sole-proprietorship, partnership, LLC or limited partnership, list the names and addresses of all principals of the Employer.

Name: _____

Address: _____

Name: _____

Address: _____

6. If the Employer is a business trust, list the names and addresses of the trustees for the beneficiaries of the business trust.

Name: _____

Address: _____

7. If the Employer is a corporation or an "S" corporation, complete the following items.

State of Incorporation: _____

Date of Incorporation: ____/____/____

Identify all persons or entities who own or control 5% or more of the voting and/or non-voting shares of stock.

Shareholder: _____

Address: _____

Shares Owned/Controlled	Number	%
Voting	_____	_____
Non-Voting	_____	_____

Shareholder: _____

Address: _____

Shares Owned/Controlled	Number	%
Voting	_____	_____
Non-Voting	_____	_____

Shareholder: _____

Address: _____

Shares Owned/Controlled	Number	%
Voting	_____	_____
Non-Voting	_____	_____

8. If the Employer is a Limited Liability Company (LLC), please complete the following:

State of Formation of LLC: _____

Date of Formation: ____/____/____

9. Identify all other entities in which the Employer ever held an ownership interest, describe the interest and identify the time period during which the Employer held such interest.

Entity's Name: _____

Address: _____

Entity's Employer Identification Number: _____

Description of interest: _____

Percent of ownership: _____ Time Period: _____ to _____

Additional Entity's Name: _____

Address: _____

Entity's Employer Identification Number: _____

Description of interest: _____

Percent of ownership: _____ Time Period: _____ to _____

10. List all entities which were ever owned or controlled by any parent organization or principals of the Employer, describe the relationship and identify the time period during which the parent or principals held such interest.

Entity's Name: _____

Address: _____

Entity's Employer Identification Number: _____

Description of interest: _____

Percent of ownership: _____ Time Period: _____ to _____

11. List all persons (which include individuals, estates, or trusts) who have an ownership interest in the Employer. Identify the individual and the percentage of ownership interest. *NOTE- A person is considered as having an ownership interest in the Employer if that interest is owned directly or indirectly by or for the person's spouse, child under 21, or parent.*

Name: _____

Address: _____

Phone: _____

Ownership Interest % _____

Name: _____

Address: _____

Phone: _____

Ownership Interest % _____

Name: _____

Address: _____

Phone: _____
Ownership Interest % _____

12. Identify all entities (corporations, partnership, LLCs, LLPs etc.) in which the persons listed in Question 11 possess an ownership interest. Identify the individual and the percentage of ownership interest. *NOTE: A person is considered as having an ownership interest in the Employer if that interest is owned directly or indirectly by or for the person's spouse, a child under 21, or parent.*

Name: _____
Address: _____
Phone: _____
Ownership Interest % _____

Name: _____
Address: _____
Phone: _____
Ownership Interest % _____

Name: _____
Address: _____
Phone: _____
Ownership Interest % _____

13. List the names and account numbers under which the entities identified in your answer to question 9-12 make or have made contributions to the Fund.

Name: _____
Account No.: _____

Name: _____
Account No.: _____

Name: _____
Account No.: _____

14. Did the Employer or any entity on behalf of the Employer file a consolidated tax return at any time after September 26, 1980?
Yes: _____ No: _____

Identify all entities and each tax period included in each such return.

Name: _____
Address: _____

Entity's Employer Identification Number: _____

Tax Period: _____

15. List all other names and account numbers under which the Employer makes or has made contributions to the Pension Fund.

Name: _____
Account No.: _____

Name: _____
Account No.: _____

16. Identify all other entities involved in any merger, consolidation, or reorganization, however affected, with Employer. Include any division or liquidation into a parent organization.

Name: _____
Date of Action: _____

Name: _____
Date of Action: _____

17. Since September 26, 1980, has Employer been subject to any proceedings under the Bankruptcy Code (11 USC 101, et seq.)?

Date: _____
Case No.: _____

18. Since September 26, 1980, has Employer been subject to any dissolution proceedings under state law, assignment for benefit of creditors (i.e.; a transfer in trust of all business assets for the benefit of creditors) or bulk transfer (i.e.; any transfer in bulk not in the ordinary course of the transferor's business of a major part of materials, supplies, merchandise or other inventory of the business) under applicable state law or appointment of a receiver under state or federal law?

Date: _____
Case No.: _____

19. Has Employer been automatically dissolved under state law by failure to file required reports?

Date: _____
Information: _____

B. REASON FOR PERMANENT CESSATION OF OBLIGATION TO CONTRIBUTE TO THE PENSION FUND AND/OR PERMANENT CESSATION OF ALL OPERATIONS COVERED BY THE PENSION FUND.

Complete this section with respect to the Employer listed on the front page of this Statement of Business Affairs.

1. When did the Employer permanently cease to be obligated to make contributions to the Pension Fund under its collective bargaining agreement?

Date: ____/____/____

2. When did the Employer permanently cease all operations covered by the Pension Fund?

Date: ____/____/____

3. Check the item or items that best describe why the Employer ceased making contributions to the Pension Fund.

____ Closed facility. Please explain.

____ Lost the customer. Please identify customer by name and address.

____ Consolidated the work with work done at another facility. Please identify the other facility. Are you obligated to make contributions to the Pension Fund for the work at the other facility?

____ Other. Please explain.

____ Moved the work to a different location. Please identify the new location below. Are you obligated to make contributions to the Fund for the work at the new location? Yes _____ No _____

____ Hired a subcontractor to do the work. Please identify the subcontractor.

Name: _____

Address: _____

____ New collective bargaining agreement deleted coverage by the Pension Fund.

____ Employees now covered by another pension plan. Please state the name and type of replacement plan.

Name: _____

Type: _____

____ No collective bargaining agreement - only have one employee.

____ Employees decertified the union. Please attach a copy of the N.L.R.B. order.

____ Union waived representation of employees. Please attach a copy of the waiver.

____ Strike/Hired permanent replacements.

____ Last covered employee retired. Please explain. Who is doing the work formerly performed by the covered employees?

____ Hired leased employees to perform the work.

____ Liquidation or dissolution of the Employer.

Type: _____

Entity Liquidated/Dissolved: _____

Liquidation/Dissolution Date: Date: ____/____/____

____ Bankruptcy - Please state the type, date, case number, case name and location.

Type: (Ch. 11, Ch. 7, Ch. 13, etc.): _____

Date: ____/____/____

Case No.: _____

Case Name: _____

Location: _____

____ Receiver/trustee appointed. Please state the name and address of the receiver/trustee.

Name: _____

Address: _____

____ Sold stock to new shareholder(s). Attach a copy of the stock sale agreement. Please state the name and address of the new shareholder(s).

Name: _____

Address: _____

____ Sold operating assets. Attach a copy of the asset sale contract. Please state the name and address of the purchaser. Do the parties to the sale of assets intend to comply with ERISA § 4204?

Name: _____

Address: _____

ERISA § 4204? Yes: ___ No: ___

____ Sold the business to a related person/entity. Please identify the purchaser and the relationship between the seller and the purchaser.

Name: _____

Address: _____

Relationship: _____

____ Work is now being done by other employees. Please explain.

____ Other. Please explain.

C. CERTIFICATION OF STATEMENT OF BUSINESS AFFAIRS

By signing this Statement of Business Affairs, I certify that I have the authority to answer this questionnaire on behalf of the Employer and that the Statement of Business Affairs, with its attachments, were prepared under my supervision after diligent inquiry, and are true and correct to the best of my knowledge and belief.

Signature: _____ Date: ____/____/____

Printed Name: _____ Phone: _____

Title: _____

Address: _____

Subscribed and sworn to before me at _____,

State of _____, this _____ day of _____, 20____.

Notary Public: _____

Country: _____ My Commission Expires: _____

AUFFEERS, TEAMSTERS & HELPERS
FUND OF CHICAGO

ILDING MATERIAL PENSION FUND
H ASHLAND AVENUE
O, ILLINOIS 60607

2-458



74 1200 0001 2014 5035

n Requested

Refused
11-3-14



October 29, 2014

N C P CARTAGE
11825 FRANKLIN AVE.
FRANKLIN PARK, IL 60131

NIXIE 600 9E 1009 0211/05/14

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD

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Sent to *NCP*

Street, Apt. No.,
or PO Box No. *11825 Franklin Ave*

City, State, ZIP+4 *Franklin Park, IL 60131*

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0001 2014 5035